

ASS. REC. BY: TauyhtREF: CS/SMR 2300 3574/TVY 3.**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **SG 5970E**

Policy No. _____

Claims No. **BUS/03/23/7037**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 9156R

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WPDate: _____ Person Contacted: Goh Chee Han

Vehicle: IN / OUT

Veh No: SGD99L Yr Regn: 2020, Oct.

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz CLA180 c.c. 1332Colour: Black A/C: Insured / Std / NI / NASp. Reading: 21400 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIK11838421/46704

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R18R: 225/45R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 29/3/2023Survey held at CC Pandan Loop

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt M/s.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

13/7/23 Submit preli report-revised fig \$11,431.31

Note: The vehicle has not send in for repair

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 13/7/23-typist

Rep. Format: _____

Lump Sum / L.B. (F) _____

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

ESTIMATE FOR SGD99L

MS FIRST CAPITAL INSURANCE LIMITED

MOTOR CLAIM DEPARTMENT
6 RAFFLES QUAY

#21-00
SINGAPORE 048580
65073848

WIP No

Reg No/Reg Date

Date In/Mileage

Chassis No

Engine No

Make/Model

Colour/Trim

Vehicle & Document Information

64034

SGD99L / 30/10/2020

W1K1183842N1467049

28291480420585

MB/CLA 180 COUPE

021 191 Cosmos Blac/ 041 111 Leather Bla

Account No	Terms	Date/Time Printed	CSE	Operator	Qty	Unit Price	Disc%	Amount
WF001862	Credit	04/04/2023/ 14:37	CH	371 / Go Chee Han				
Description of Goods / Services					Qty	Unit Price	Disc%	Amount

Z REQUEST

Customer Request

M BPNSUN

POLICY NO/ACC DATE : 2070152358-02 // 29-3-2023
DRIVE IN/TP VEH NUMBER : 1-4-2023 // SG5970E - FIRST CAPITAL
DATE IN/DATE SURVEY:
DIRECT SETTLEMENT BY:

A BPILAB

DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.

A BPIRES

RESPRAY FRONT BUMPER & LH/Front FENDER

A BPILAB

USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO
IDENTIFICATION STANDARD. NETT

A BPILAB

TO REMOVE, REPLACE HEADLAMP WITH FOCUS. NETT

A BPILAB

TO INSPECT & CONDUCT WHEEL ALIGNMENT. NETT

S BPNSUB

LABOUR TO REMOVE AND INSTALL TYRE FROM RIM, (RUN FLAT)
WHEEL BALANCE AND INSTALL NEW VALVE HEAD

A 97250001

CAVITY PRESERVATION ON REPLACED OR REPAIRED BODY PANELS PERFORM

M LH/Front FENDER

M FRONT BUMPER

M COMPANY SIGN

M LH/UPPER BASIC CARRIER FOR BUMPER

M RH/FRONT BASIC CARRIER FOR BUMPER

M LH/FRONT LAMP UNIT

M LH/FRONT DISK WHEEL

M RIVET FOR BUMPER

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

1.00	709.96	00.00	bt ✓	709.96
1.00	1432.42	00.00	de ✓	1432.42
1.00	81.64	00.00	rec ✓	81.64
1.00	75.68	00.00	rec ✓	75.68
1.00	74.64	00.00	rec ✓	74.64
1.00	3424.13	00.00	crq ✓	3424.13
1.00	779.44	00.00	crd ✓	779.44
10.00	5.34	00.00	rec ✓	53.40

Confirmed & accepted by

Go Chee Han

DID : 6771 4336 HP : 9181 7717

Email : cheehan.go@cyclecarrage.com.sg

Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

Nett

12,111.31

8% GST on 12111.31

968.90

Total Payable

13,080.21

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.
Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6298 1818
Fax: 6779 5383
www.mercedes-benz.com.sg



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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	03/04/2023 10:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/03/2023 08:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD99L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO PEIYING, ESTHER
NRIC No	SXXXX004C
Email Address	estherhope@gmail.com
Mobile Phone No	(Phone) +65-91768338
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1332

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070152358-02

DRIVER

Name of Driver	HO PEIYING, ESTHER
NRIC No	SXXXX004C
Date Of Birth	05/08/1981
Occupation	Indoor

Date Of Driving Pass	26/07/2002
Driving experience	20 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91768338
Alt. Phone Number	-
Email Address	estherhope@gmail.com
Address	90 CACTUS ROAD
Address complement	-
Postcode	809622
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20230329/2118

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5970E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

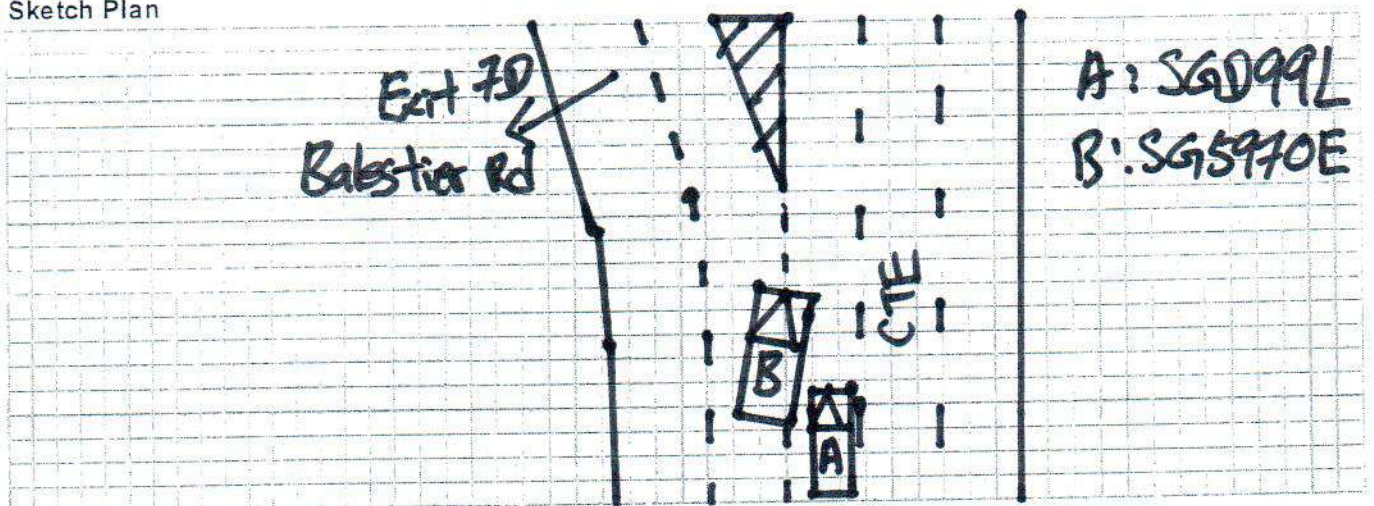
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Sketch Plan



Describe Circumstances of the Accident

Refer to police report: T/20230329/2118

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop



SINGAPORE POLICE FORCE



T/20230329/2118

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20230329/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2023 19:35	Vide Report No.:	Station Diary No.: 62
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Informant's Particulars

Name of Informant: HO PEIYING, ESTHER			Address: 90 CACTUS ROAD SINGAPORE 809622		
ID Type / ID No.: NRIC NO / S8124004C			Contact No.: Home/Office: Mobile: 91768338		
Nationality: SINGAPORE CITIZEN			Email: estherhope@gmail.com		
Sex: Female	Age: 41	Date of Birth: 05/08/1981	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: OTHERS			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/03/2023 08:10	Type of Location:
Location:	CENTRAL EXPRESSWAY			
Weather:	Road Surface:			
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision:	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG5970E	Bus/Coach/Mi nibus					0
SGD99L	Car	MERCEDES BENZ	CLA180 COUPE PROGRESS IVE	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230329/2118

2 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20230329/2118

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGD99L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070152358-02	30/10/2022	29/10/2023

Brief Details.

On 29 March 2023 at about 0810hrs, while I was travelling along CTE towards Tan Tock Seng Hospital, before I exit 7D, I was on the most left lane.

One SBS bus who was on my left lane was changing to my lane and squeezed into my lane and caused a scratch on the front left of my vehicle.

The bus did not stop and left the location.

I only able to get the bus bearing plate number. I am not sure how many passengers the bus was carrying or suffered any damage.



**SINGAPORE
POLICE FORCE**



T/20230329/2118

3 of 3

Report No. T/20230329/2118

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SGT 3 LEE SHI HUI, ISABELLA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SR STAFF SGT NEO ZHI YUAN

Contact No.: 65476079

Signature Of Informant:

Date/Time:

29/03/2023 19:35

Classification Of Case:

NP168